



City of Nevis
104 Main Street West, P.O. Box 108
Nevis, MN 56467, 218-652-3866

Application #CKN _____
P.I.D. _____

CHICKEN PERMIT APPLICATION

APPLICANT(S): _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PROPERTY OWNER (If other than applicant): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

NUMBER OF POULTRY TO BE KEPT ON THE PREMISES (Maximum of 10 at any one time) _____

ALL NEW applicants must complete a drawing which shows the location of the chicken coop in the property and provide a description of the primary enclosure in which the chickens are to be kept.

In submitting this application I hereby agree to comply with the regulations imposed by Nevis City Ordinance #54, including nuisance prohibitions. The information requested on this form will be used by the City of Nevis in the issuance of your permit. The information that you supply in this form will become public information when received by the City of Nevis. I understand this permit is nontransferable to other persons or properties. The permit shall expire within 1 year of any discontinuance of poultry keeping and the coop and/or confinement areas shall be removed and the area fully cleaned by the applicant or land owner upon expiration of this permit.

Signature of Applicant(s): _____ Date: _____

Signature of Land Owner: _____ Date: _____
(If different from Applicant)

Permit Approval by City Administration: _____ Date: _____